Town of Edmonston
MARYLAND PUBLIC INFORMATION ACT REQUEST

**Name of Individual and/or Organization:**


**Address/Phone/Other Contact Information:**



**Pursuant to** §4-201 et seq. of the General Provisions Article, Annotated Code of Maryland, request is hereby made for (please specify):_____ examination, AND/OR___ copies of the following records. The request should be as specific as possible, and should include specific dates and/or time frames; document names or subject matter; and specific locations and/or addresses:




I understand that if the Town does not have the record as requested above, it is not required to compile information. I further understand that the costs of gathering the documents requested and copying them must be paid prior to release of the documents(fee schedule attached). I understand that if I am permitted to examine the record, I shall not alter, falsify, cancel, destroy, mutilate or remove any part thereof, under penalty of law. If the Town denies access to the records I have requested herein, I understand that I have the right to seek judicial review of the decision by filing a complaint in the appropriate circuit court, as provided in § 4362 of the General Provisions Article, Annotated Code of Maryland, which sets forth certain remedies for wrongful denial of access. Note to Requestor: if the fee to be charged exceeds $350.00 and you believe the fee to be unreasonable, you may file a complaint with the State Public Information Act Compliance Board as provided in §4-1A-05 of the General Provisions Article, Annotated Code of Maryland. You may also seek the assistance of the Office of the Public Access Ombudsman to resolve disputes between you and the Town relating to requests for public records as provided §4-1b-01 of the General Provisions Article, Annotated Code of Maryland.

Date: _____Printed Name_____ Signature_____

| **For Office Use Only** |
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To(Department(s) ): _____

Did the Town Attorney Review Request? Yes_____ No_____

Requestor Notified of Response on: _____ By: _____

Requestor Notified of Fee Estimate on : _____ By;_____

Fee Charge: $_____ Fee Paid:_____ Rec'd by:_____

Information available on (Date):_____ Requestor Notified:_____

| **Receipt** |
| --- |

Documents/Information Received by: